

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 1-15, 2008**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> 02/01/2008	<b>Applicant Identifier</b> 
		<b>3. DATE RECEIVED BY STATE</b> 	<b>State Application Identifier</b> 
		<b>4. Federal Identifier</b> DE-FG02-04ER15507-Renewal	
<b>5. APPLICANT INFORMATION</b> <b>* Organizational DUNS:</b> 124728725			
<b>* Legal Name:</b> The Regents of the University of California			
<b>Department:</b> Sponsored Projects Office		<b>Division:</b>	
<b>* Street1:</b> 2150 Shattuck Ave. Suite 313		<b>Street2:</b>	
<b>* City:</b> Berkeley		<b>County:</b> Alameda	<b>* State:</b> CA: California
<b>Province:</b>		<b>* Country:</b> UNITED ST	<b>* ZIP / Postal Code:</b> 94704-5940
<b>Person to be contacted on matters involving this application</b> <b>Prefix:</b> * <b>First Name:</b> Patricia <b>Middle Name:</b> <b>* Last Name:</b> Gatas <b>Suffix:</b> <b>* Phone Number:</b> (510)642-8109 <b>Fax Number:</b> (510)642-8236 <b>Email:</b> SPO_grants_gov@lists.berkeley.edu			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 94-6002123		<b>7. * TYPE OF APPLICANT:</b> H: Public/State Controlled Institution of Higher Education Other (Specify): Small Business Organization Type <input checked="" type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
<b>8. * TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) <b>* Is this application being submitted to other agencies?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 <b>TITLE:</b> Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Nanoparticulate iron oxyhydroxide controls on aqueous redox chemistry and microbial species distribution and activity in natural environments.			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Berkeley, Alameda County, California			
<b>13. PROPOSED PROJECT:</b> <b>* Start Date</b> 03/01/2008 <b>* Ending Date</b> 02/28/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant CA-009 b. * Project CA-009	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> <b>Prefix:</b> * <b>First Name:</b> Jill <b>Middle Name:</b> <b>* Last Name:</b> Banfield <b>Suffix:</b> <b>Position/Title:</b> Professor <b>* Organization Name:</b> The Regents of the University of California <b>Department:</b> Earth & Planetary Science <b>Division:</b> <b>* Street1:</b> Hilgard Hall <b>Street2:</b> <b>* City:</b> Berkeley <b>County:</b> Alameda <b>* State:</b> CA: California <b>Province:</b> <b>* Country:</b> UNITED ST <b>* ZIP / Postal Code:</b> 94720 <b>* Phone Number:</b> (510)643-2155 <b>Fax Number:</b> <b>* Email:</b> jbanfield@berkeley.edu			

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FEB - 1 2008

STATE CLEARING HOUSE

OMB Number: 4040-0001  
Expiration Date: 04/30/2008

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2**

<b>16. ESTIMATED PROJECT FUNDING</b>  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border: 1px solid black;">a. * Total Estimated Project Funding</td> <td style="border: 1px solid black;">541,148.00</td> </tr> <tr> <td style="border: 1px solid black;">b. * Total Federal &amp; Non-Federal Funds</td> <td style="border: 1px solid black;">541,148.00</td> </tr> <tr> <td style="border: 1px solid black;">c. * Estimated Program Income</td> <td style="border: 1px solid black;">0.00</td> </tr> </table>	a. * Total Estimated Project Funding	541,148.00	b. * Total Federal & Non-Federal Funds	541,148.00	c. * Estimated Program Income	0.00	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE: 02/01/2008  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR  <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. * Total Estimated Project Funding	541,148.00						
b. * Total Federal & Non-Federal Funds	541,148.00						
c. * Estimated Program Income	0.00						

**18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ \* I agree

\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

<b>19. Authorized Representative</b>					
Prefix:	* First Name: Patricia	Middle Name:	* Last Name: Gates	Suffix:	
* Position/Title:	Assistant Director, Federal Projects	* Organization:	The Regents of the University of California		
Department:	Sponsored Projects Office	Division:			
* Street1:	2150 Shattuck Ave, Suite 313	Street2:			
* City:	Berkeley	County:	Alameda	* State:	CA: Califon
Province:		* Country:	UNITED ST	* ZIP / Postal Code:	94704-5940
* Phone Number:	(510)642-8109	Fax Number:	(510)642-8236	* Email:	SPO_grants_gov@lists.berkeley.edu
<b>* Signature of Authorized Representative</b> Completed on submission to Grants.gov			<b>* Date Signed</b> Completed on submission to Grants.gov		

**20. Pre-application**

**21. Attach an additional list of Project Congressional Districts if needed.**

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> [ ]	<b>Applicant Identifier</b> Seshadri-20080878
<b>5. APPLICANT INFORMATION</b>		<b>3. DATE RECEIVED BY STATE</b> [ ]	<b>State Application Identifier</b> [ ]
<b>* Legal Name:</b> The Regents of the University of California		<b>4. Federal Identifier</b> DE-FG02-05ER15725 Renewal	
<b>Department:</b> Office of Research		<b>* Organizational DUNS:</b> 094878394 FEB - 1 2008	
<b>* Street1:</b> 3227 Cheadle Hall		<b>STATE CLEARING HOUSE</b>	
<b>* City:</b> Santa Barbara		<b>* State:</b> CA, California	
<b>Province:</b> [ ]		<b>* Country:</b> UNITED ST <b>* ZIP / Postal Code:</b> 93106-2050	
<b>Person to be contacted on matters involving this application</b>			
<b>Prefix:</b> [ ] <b>* First Name:</b> Cara <b>Middle Name:</b> [ ] <b>* Last Name:</b> Egan-Williams <b>Suffix:</b> [ ]			
<b>* Phone Number:</b> 8058938809 <b>Fax Number:</b> 8058932611 <b>Email:</b> eganwilliams@research.ucsb.edu			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 95-6006145W		<b>7. * TYPE OF APPLICANT:</b> O: Private Institution of Higher Education	
<b>8. * TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>Other (Specify):</b> Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
<b>If Revision, mark appropriate box(es):</b> <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
<b>* Is this application being submitted to other agencies?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049	
<b>What other Agencies?</b>		<b>TITLE:</b> Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Nanostructured Catalysts for the Hydrogen Economy			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Country-Scientific Research			
<b>13. PROPOSED PROJECT:</b> <b>* Start Date</b> 07/15/2008 <b>* Ending Date</b> 07/14/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> <b>a. * Applicant</b> 23 <b>b. * Project</b> 23	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
<b>Prefix:</b> [ ] <b>* First Name:</b> Ram <b>Middle Name:</b> [ ] <b>* Last Name:</b> Seshadri <b>Suffix:</b> [ ]			
<b>Position/Title:</b> Professor		<b>* Organization Name:</b> The Regents of the University of California	
<b>Department:</b> Materials Research Laboratory		<b>Division:</b> Vice Chancellor for Research	
<b>* Street1:</b> Mail Code 5121		<b>Street2:</b> University of California	
<b>* City:</b> Santa Barbara		<b>* State:</b> CA, California	
<b>Province:</b> [ ]		<b>* Country:</b> UNITED ST <b>* ZIP / Postal Code:</b> 93106-5121	
<b>* Phone Number:</b> 8058936129		<b>Fax Number:</b> 8058938797 <b>Email:</b> seshadri@mrl.ucsb.edu	



## SF 424 (R&amp;R) APP. TION FOR FEDERAL ASSISTANCE

Page 2

<b>16. ESTIMATED PROJECT FUNDING</b>	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. * Total Estimated Project Funding 1,113,580.00	a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds 1,113,580.00	DATE: 01/29/2008
c. * Estimated Program Income 0.00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
	<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

<b>19. Authorized Representative</b>			
Prefix:	* First Name:	Middle Name:	* Last Name:
	Cara		Egan-Williams
* Position/Title:	Sponsored Projects Officer	* Organization:	The Regents of the University of California
Department:	Office of Research	Division:	Vice Chancellor for Research
* Street1:	3227 Cheadle Hall	Street2:	University of California
* City:	Santa Barbara	County:	Santa Barbara
Province:		* State:	CA: Californ
* Phone Number:	8058938809	* ZIP / Postal Code:	93106-2050
Fax Number:	8058932611	* Email:	proposals@research.ucsb.edu
* Signature of Authorized Representative		* Date Signed	
Completed on submission to Grants.gov		Completed on submission to Grants.gov	
<b>20. Pre-application</b>			
		Add Attachment	
<b>21. Attach an additional list of Project Congressional Districts if needed.</b>			
		Add Attachment	

Cara Egan-Williams

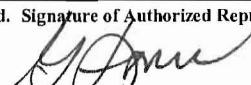
1/28/08

Cara Egan-Williams  
Sponsored Projects Officer

OMB Number: 4040-0001  
Expiration Date: 04/30/2008

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 1/31/08	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Programming &amp; Policy Analysis</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Kathy Banh (213) 922-7635</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award)  If Revision, enter appropriate letter(s) in box(es):  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)		A State                    H Independent School Dist. B County                I State Controlled Institution of Higher Learning C Municipal            J Private University D Township            K Indian Tribe E Interstate            L Individual F Intermunicipal      M Profit Organization G Special District    N Other (Specify) _____  <b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20 - 5 00</b> <b>TITLE 49 U.S.C. § 5309</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>San Fernando Valley, City of Los Angeles, Los Angeles County</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Metro Orange Line Irrigation &amp; Landscaping Improvements</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date  7/01/05	Ending Date  06/30/06	a. Applicant  <b>Districts 25 - 39, 42, 46</b>	b. Project  <b>Districts 27 and 28</b>

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 FEB - 4 2008  
 STATE CLEARING HOUSE

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 652,080.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>1/31/08</u>  b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372  <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b Applicant	\$ .00		
c State	\$ .00		
d Local	\$ 163,020.00		
e Other	\$ .00		
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 652,080.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative  <b>GLADYS LOWE</b>		b Title Director Regional Program Management	c Telephone number  <b>(213) 922-2459</b>
d. Signature of Authorized Representative 		e. Date Signed  <u>1/31/08</u>	

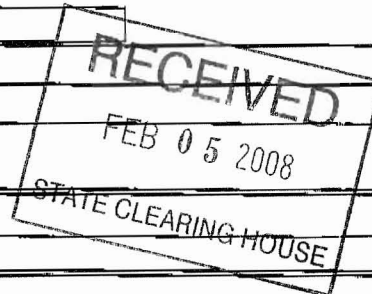
**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 17, 2008		Applicant Identifier	
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE January 17, 2008	
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	
5. APPLICANT INFORMATION		Federal Identifier			
Legal Name: STATE OF CALIFORNIA			Organizational Unit: Department: DEPARTMENT OF PARKS AND RECREATION		
Organizational DUNS: 172070807			Division: OFFICE OF HISTORIC PRESERVATION		
Address: Street:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
P.O. BOX 942896			Prefix: MR.		First Name: John
City: SACRAMENTO			Middle Name RAYMOND		
County: SACRAMENTO			Last Name Thomas		
State: CA			Suffix:		
Zip Code: 94296-0001			Email: jthomas@parks.ca.gov		
Country: USA			Phone Number (give area code)		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001347			Fax Number (give area code)		916-653-9824
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-904			9. NAME OF FEDERAL AGENCY: National Park Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATEWIDE			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Annual HPF Grant Application OF FEDERAL YEAR 08 (60/40) GRANT FROM HISTORIC PRESERVATION FUND FOR ACTIVITIES RELATED TO THE REQUIREMENTS OF THE NATIONAL HISTORIC PRESERVATION ACT. Fiscal Year 2008		
13. PROPOSED PROJECT Start Date: 10/01/2007 Ending Date: 09/30/2008			14. CONGRESSIONAL DISTRICTS OF: a. Applicant APPLICANT b. Project SEE #11 ABOVE		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	1,170,784.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	.00	DATE:		
c. State	\$	653,371.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	78,699.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	48,491.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	1,951,345.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix MR.		First Name MILFORD		Middle Name WAYNE	
Last Name DONALDSON		Suffix FAIA		c. Telephone Number (give area code) 916-653-6624	
b. Title STATE HISTORIC PRESERVATION OFFICER		e. Date Signed		18 JAN 2008	
d. Signature of Authorized Representative					

OMB Number: 4040-0002  
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY				Version 01.1	
<b>* 1.a. Type of Submission:</b> <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <div></div>		<b>* 1.b. Frequency:</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <div></div>		<b>* 1.d. Version:</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		<b>* 2. Date Received:</b> Completed by Grants.gov upon submission.		<b>STATE USE ONLY:</b>	
		<b>3. Applicant Identifier:</b> <div></div>		<b>5. Date Received by State:</b> <div></div>	
		<b>4a. Federal Entity Identifier:</b> <div></div>		<b>6. State Application Identifier:</b> <div></div>	
		<b>4b. Federal Award Identifier:</b> 26			
<b>1.c. Consolidated Application/Plan/Funding Request?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Explanation:</b> <div></div>					
<b>7. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> Able-Disabled Advocacy, Inc.					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-3031682			<b>* c. Organizational DUNS:</b> 080922750		
<b>d. Address:</b>					
<b>* Street1:</b> 2850 Sixth Avenue, Suite 311			<b>Street2:</b> <div></div>		
<b>* City:</b> San Diego			<b>County:</b> San Diego		
<b>* State:</b> CA: California			<b>Province:</b> <div></div>		
<b>* Country:</b> USA: UNITED STATES			<b>* Zip / Postal Code:</b> 92103-6314		
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> <div></div>			<b>Division Name:</b> <div></div>		
<b>f. Name and contact information of person to be contacted on matters involving this submission:</b>					
<b>Prefix:</b> Ms.		<b>* First Name:</b> Elaine		<b>Middle Name:</b> <div></div>	
<b>* Last Name:</b> Cooluris				<b>Suffix:</b> <div></div>	
<b>Title:</b> Executive Director					
<b>Organizational Affiliation:</b> <div></div>					
<b>* Telephone Number:</b> (619) 231-5990, ext. 319			<b>Fax Number:</b> (619) 231-2380		
<b>* Email:</b> adahired@yahoo.com					



OMB Number: 4040-0002  
Expiration Date: 08/31/2008

## APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

## \* Ba. TYPE OF APPLICANT:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

## \* Other (specify):

## b. Additional Description:

## \* 9. Name of Federal Agency:

DOT/Federal Transit Administration

## 10. Catalog of Federal Domestic Assistance Number:

20.514

## CFDA Title:

Public Transportation Research

## 11. Areas Affected by Funding:

San Diego County, CA

## 12. CONGRESSIONAL DISTRICTS OF:

## \* a. Applicant:

49

## b. Program/Project:

50, 51

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

## 13. FUNDING PERIOD:

## a. Start Date:

07/01/2008

## b. End Date:

06/30/2009

## 14. ESTIMATED FUNDING:

## \* a. Federal (\$):

277,536.00

## b. Match (\$):

60,611.00

## \* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

☒ a. This submission was made available to the State under the Executive Order 12372 Process for review on:

02/05/2008

☐ b. Program is subject to E.O. 12372 but has not been selected by State for review.☐ c. Program is not covered by E.O. 12372.

Version 01.1

## APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

\* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes ☐No ☒**Explanation:**

17. By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I Agree ☒

\*\* This list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:

Ms.

\* First Name:

Elaine

Middle Name:

\* Last Name:

Cooluris

Suffix:

\* Title:

Executive Director

Organizational Affiliation:

\* Telephone Number:

(619) 231-5990, ext. 319

\* Fax Number:

(619) 231-2380

\* Email:

adahired@yahoo.com

\* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

\* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

**Add Attachments****Delete Attachments****View Attachments**

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: SIERRA ECONOMIC DEVELOPMENT CORPORATION			Organizational Unit: Department:	
Organizational DUNS: 08-885-6885			Division:	
Address: Street: 560 WALL STREET, STE. F			Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: AUBURN			Prefix: First Name: BRENT	
County: PLACER			Middle Name:	
State: CA			Last Name: SMITH	
Zip Code: 95603			Suffix:	
Country: USA			Email: brent@sedd.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1705043			Phone Number (give area code) (530) 823-4703	
			Fax Number (give area code) (530) 823-4142	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) EDO	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302			9. NAME OF FEDERAL AGENCY: ECONOMIC DEVELOPMENT ADMINISTRATION	
TITLE (Name of Program):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ECONOMIC DEVELOPMENT PLANNING PROGRAM with option of second level funding.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): EL DORADO, NEVADA, PLACER & SIERRA COUNTIES			14. CONGRESSIONAL DISTRICTS OF: a. Applicant JOHN DOOLITTLE 4 b. Project JOHN DOOLITTLE 4	
13. PROPOSED PROJECT Start Date: 04/01/2008 Ending Date: 03/31/2009			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2/6/08 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ Up to \$88,000 b. Applicant \$ c. State \$ d. Local \$ At least \$8,000 e. Other \$ f. Program Income \$ g. TOTAL \$ Approximately \$176,000			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix First Name BRENT Last Name SMITH			Middle Name Suffix	
b. Title PRESIDENT / CEO			c. Telephone Number (give area code) (530) 823-4703	
d. Signature of Authorized Representative			e. Date Signed 1/6/08	

Previous Edition Usable  
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2001)  
Prescribed by OMB Circular A-102

INSTRUCTIONS FOR THE SF-424

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 2/1/2008	Applicant Identifier State Application Identifier Federal Identifier														
<b>5. APPLICANT INFORMATION</b>																	
Legal Name: Access Services, Inc. PO Box 71684 L.A.		<b>Organizational Unit:</b> Department:															
Organizational DUNS: 883300121		Division:															
<b>Address:</b> Street: PO Box 71684		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Gilbert															
City: Los Angeles, CA		Middle Name															
County: Los Angeles, CA		Last Name Garza															
State: CA	Zip Code 90071	Suffix:															
Country: USA		Email: garza@asila.org															
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 5 - 4 4 8 9 7 1 1		Phone Number (give area code) 213.270.6000	Fax Number (give area code) 213.270.6048														
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Other (specify)															
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program):		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Transit Administration															
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.):		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <div style="border: 2px solid black; padding: 10px; text-align: center;"> <b>RECEIVED</b>  <b>FEB 07 2008</b>  <b>STATE CLEARING HOUSE</b> </div>															
<b>13. PROPOSED PROJECT</b> Start Date: 7/1/2008    Ending Date: 6/30/2009		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 21-47    b. Project 21-47															
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 53,100,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> </tr> <tr> <td>c. State</td> <td>\$</td> </tr> <tr> <td>d. Local</td> <td>\$ 6,879,667</td> </tr> <tr> <td>e. Other</td> <td>\$</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 59,979,667</td> </tr> </table>		a. Federal	\$ 53,100,000	b. Applicant	\$	c. State	\$	d. Local	\$ 6,879,667	e. Other	\$	f. Program Income	\$	g. TOTAL	\$ 59,979,667	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 53,100,000																
b. Applicant	\$																
c. State	\$																
d. Local	\$ 6,879,667																
e. Other	\$																
f. Program Income	\$																
g. TOTAL	\$ 59,979,667																
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No															
<b>a. Authorized Representative</b>																	
Prefix Gilbert	First Name Gilbert	Middle Name															
Last Name Garza		Suffix															
<b>b. Title</b> Grants Analyst		<b>c. Telephone Number</b> (give area code) 213.270.6000															
<b>d. Signature of Authorized Representative</b>		<b>e. Date Signed</b> 2/1/08															



## Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
* 3. Date Received:		4. Applicant Identifier:			
Completed by Grants.gov upon submission.					
5a. Federal Entity Identifier:			* 5b. Federal Award Identifier:		
95-6006594					
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
8. APPLICANT INFORMATION:					
* a. Legal Name: Palos Verdes Peninsula Unified School District					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. Organizational DUNS:		
95-6006594			079596375		
d. Address:					
* Street1:		3801 Via La Selva			
* Street2:					
* City:		Palos Verdes Estates			
* County:		Los Angeles			
* State:		CA: California			
* Province:					
* Country:		USA: UNITED STATES			
* Zip / Postal Code:		90274			
e. Organizational Unit:					
Department Name:			Division Name:		
Curriculum and Instruction			PVPUSD District Office		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		Mrs.		* First Name: Anita	
Middle Name:		Louise			
* Last Name:		Oudega			
Suffix:					
Title: Teacher on Special Assignment					
Organizational Affiliation:					
Palos Verdes Peninsula Unified School District					
* Telephone Number:		310-378-9966 x235		Fax Number: 310-791-2919	
* Email:		oudega@pvpusd.k12.ca.us			

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

G: Independent School District

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

U.S. Department of Education

## 11. Catalog of Federal Domestic Assistance Number:

84.184

## CFDA Title:

Safe and Drug-Free Schools and Communities\_National Programs

## \* 12. Funding Opportunity Number:

ED-GRANTS-010308-001

## \* Title:

Grants To Reduce Alcohol Abuse CFDA 84.184A

## 13. Competition Identification Number:

84-184A2008-1

## Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

Cities: Palos Verdes Estates, Rancho Palos Verdes, Rolling Hills, Rolling Hills Estates, and unincorporated county areas of the Palos Verdes Peninsula

County: Los Angeles County

State: California

## \* 15. Descriptive Title of Applicant's Project:

Reducing and Preventing Alcohol Abuse Among Secondary School Students in the Palos Verdes Peninsula Unified School District

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)[Delete Attachments](#)[View Attachments](#)

OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 46

\* b. Program/Project 46

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

## 17. Proposed Project:

\* a. Start Date: 09/01/2008

\* b. End Date: 06/30/2011

## 18. Estimated Funding (\$):

* a. Federal	425,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	425,000.00

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FEB - 8 2008

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## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 02/08/2008☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Mrs.

\* First Name: Susan

Middle Name: Adams

\* Last Name: Liberati Ed.D.

Suffix:

\* Title: Assistant Superintendent Curriculum &amp; Instruc

\* Telephone Number: 310-378-9966 x261

Fax Number: 310-791-2919

\* Email: liberatis@pvpusd.k12.ca.us

\* Signature of Authorized Representative: Completed by Grants.gov upon submission.

\* Date Signed: Completed by Grants.gov upon submission.

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Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

**APPLICATION FOR  
FEDERAL ASSISTANCE**

2. DATE SUBMITTED <b>February 11, 2008</b>	Applicant Identifier <b>3-06-0087-FYI FFY2008</b>
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction
--	---

<b>5. APPLICANT INFORMATION</b>	
Legal Name: <b>City of Fresno</b>	Organizational Unit: Department of Airports Department: <b>Airports</b>
Organizational DUNS: <b>17-678-5079</b>	Division: <b>Projects and Engineering</b>
Address: Street: <b>4995 East Clinton Way</b>	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <b>Mr.</b> First Name: <b>Kevin</b>
City: <b>Fresno</b>	Middle Name:
County: <b>Fresno</b>	Last Name: <b>Meikle</b>
State: <b>CA</b> Zip Code: <b>93727</b>	Suffix:
Country: <b>USA</b>	Email: <b>Kevin.Meikle@fresno.gov</b>
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <b>9 4 - 6 0 0 0 3 3 8</b>	
Phone number (give area code): <b>559-621-4536</b> FAX number (give area code): <b>559-498-5549</b>	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)	
<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input checked="" type="checkbox"/> MUNICIPAL Other (specify)	
<b>9. NAME OF FEDERAL AGENCY:</b> <b>Federal Aviation Administration</b>	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER</b> <b>2 0 - 1 0 6</b> TITLE: AIRPORT IMPROVEMENT PROGRAM (AIP)	
<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <b>Fresno Yosemite International Airport (FAT) Part 150 Noise Compatibility Program Acoustically Treating Residences in the 65-75 CNEL Contours of the NEM.</b>	
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> <b>Fresno County</b>	
<b>13. PROPOSED PROJECT</b> Start Date: <b>9/2008</b> Ending Date: <b>9/2011</b>	
<b>14. CONGRESSIONAL DISTRICTS OF</b> a. Applicant: <b>21st</b> b. Project: <b>21st</b>	
<b>15. ESTIMATED FUNDING</b>	
a. Federal	\$ <b>2,000,000</b> .00
b. Applicant	\$ <b>105,263</b> .00
c. State	\$ .00
d. Local	\$ .00
e. Other	\$ .00
f. Program income	\$ .00
g. TOTAL	\$ <b>2,105,263</b> .00
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <b>TBD</b> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED</b>	
a. Authorized Representative	
Prefix <b>Mr</b>	First Name <b>Russell</b>
Middle Name <b>C.</b>	
Last Name <b>Widmar</b>	
Suffix <b>AAE</b>	
b. Title <b>Director of Aviation</b>	
c. Telephone number (give area code) <b>559-621-4600</b>	
d. Signature of Authorized Representative	
e. Date Signed <b>2/11/08</b>	

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: Access California Services

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

33-0825205

\* c. Organizational DUNS:

148557619

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FEB 13 2008

STATE CLEARING HOUSE

d. Address:

\* Street1: 2180 W Crescent ave, suite C

Street2:

\* City: Anaheim

County: Orange County

\* State: CA: California

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 92801

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs.

\* First Name: Nahla

Middle Name:

\* Last Name: Kayall

Suffix:

Title: Executive Director

Organizational Affiliation:

\* Telephone Number: (714)917-0440

Fax Number: (714)917-0441

\* Email: nkayall@accesscal.org

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-047

\* b. Program/Project CA-047

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date: 10/01/2008

\* b. End Date: 09/30/2009

18. Estimated Funding (\$):

* a. Federal	50,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	50,000.00



\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 02/13/2008.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mrs. \* First Name: Nahla

Middle Name:

\* Last Name: Kayali

Suffix:

\* Title: Executive Director

\* Telephone Number: (714)917-0440 Fax Number: (714)917-0441

\* Email: nkayali@accesscal.org

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

**Application for Federal Assistance SF-424**

Version 02

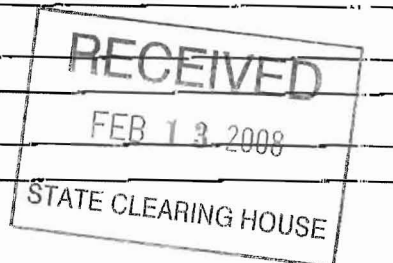
**9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):



**\* 10. Name of Federal Agency:**

Administration for Children and Families

**11. Catalog of Federal Domestic Assistance Number:**

93.570

**CFDA Title:**

Community Services Block Grant Discretionary Awards

**\* 12. Funding Opportunity Number:**

HHS-2008-ACF-OCS-ET-0086

**\* Title:**

Community Services Block Grant (CSBG) Training and Technical Assistance (T/TA) Program: Earned Income Tax Credit (EITC) and Other Asset Formation Opportunities

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

We serve all Southern California

We are not limited to Orange county, Riverside, Los Angeles, San Bernardino and San Diego

**\* 15. Descriptive Title of Applicant's Project:**

New Beginnings Program(view attachment)

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)



APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> February 11, 2008	<b>Applicant Identifier</b>	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<b>5. APPLICANT INFORMATION</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<b>Legal Name:</b> City of South Lake Tahoe		<b>Organizational Unit:</b> Department: Department of Public Works		
<b>Organizational DUNS:</b> 08-5883476		Division:		
<b>Address:</b> Street: 1052 Tata Lane		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
City: South Lake Tahoe		Prefix: Mr.	First Name: Rick	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   FEB 13 2008   STATE CLEARING HOUSE </div>
County: El Dorado		Middle Name		
State: California		Last Name: Jenkins		
Zip Code: 96150		Suffix:		
Country: USA		Email: rjenkins@cityofslt.us		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-1610868		<b>Phone Number (give area code)</b> (530) 542-8182		<b>Fax Number (give area code)</b> (530) 544-6366
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) C. Municipal Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Airport Improvement Program		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Aviation Administration		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> South Lake Tahoe; El Dorado County; Douglas City, Nevada		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California Engineering Design and Environmental Study (Cat Ex) - Rehabilitation of Runway 18-36 Obstruction Removal Reimbursement		
<b>13. PROPOSED PROJECT</b> Start Date: 2008 Ending Date: 2008		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 14 b. Project 14		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 602,300	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 15, 2008		
b. Applicant	\$ 16,642	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 15,058	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 634,000			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b>				
Prefix Mr.	First Name Rick	Middle Name		
Last Name Angelocci		Suffix		
b. Title Assistant City Manager		c. Telephone Number (give area code) (530) 542-6048		
d. Signature of Authorized Representative		e. Date Signed 2-13-08		

Previous Edition Usable  
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102



Application for Federal Assistance SF-424		Version 02
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  *Other (Specify) _____
3. Date Received:		4. Applicant Identifier: N/A
5a. Federal Entity Identifier: N/A		5b. Federal Award Identifier: None
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: North Coast Stand Down		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 03-0601842		*c. Organizational DUNS: 796378706
<b>d. Address:</b>		
*Street 1: <u>PO Box 1012</u> Street 2: _____ *City: <u>Arcata</u> County: <u>Humboldt</u> *State: <u>CA</u> Province: _____ *Country: <u>USA</u> *Zip / Postal Code: <u>95518-1012</u>		
<b>e. Organizational Unit:</b>		
Department Name: N/A		Division Name: N/A
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: _____ *First Name: <u>Kim</u> Middle Name: _____ *Last Name: <u>Hall</u> Suffix: _____		
Title: <u>VP/ Executive Director</u>		
Organizational Affiliation: <u>North Coast Stand Down</u>		
*Telephone Number: (707) 826-6197		Fax Number: (707) 826-6218
*Email: <u>Director@northcoaststanddown.org</u>		

OMB Number: 4040-0004

Expiration Date: 01/31/2009

**Application for Federal Assistance SF-424**

Version 02

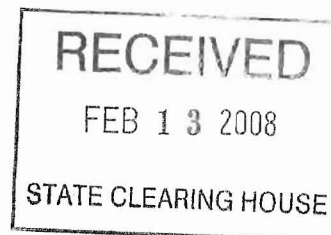
**\*9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Veterans' Employment and Training Service (VETS), Labor

**11. Catalog of Federal Domestic Assistance Number:**

N/A

CFDA Title:

**\*12 Funding Opportunity Number:**

N/A

\*Title:

FY 2008 Stand Down Requests

**13. Competition Identification Number:**

N/A

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Arcata, Benbow, Blue Lake, Burnt Ranch, Crescent City, Eureka, Fernbridge, Ferndale, Fort Bragg, Fortuna, Freshwater, Garberville, Hoopa, Klamath, Laytonville, Loleta, Manilla, McKinleyville, Orick, Rio Dell, Samoa, Scotia, Trinidad, Willow Creek; Located in Del Norte, Humboldt, Mendocino, and Trinity Counties, California.

**\*15. Descriptive Title of Applicant's Project:**

A three-day Stand Down event to assist homeless veterans with reintegration to society.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\*a. Applicant: CA-001

\*b. Program/Project: CA-001, CA-002

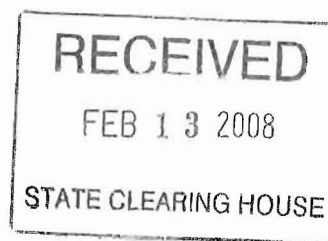
## 17. Proposed Project:

\*a. Start Date: 6/27/08

\*b. End Date: 6/29/08

## 18. Estimated Funding (\$):

*a. Federal	10,000
*b. Applicant	
*c. State	3,000
*d. Local	2,000
*e. Other	
*f. Program Income	
*g. TOTAL	



## \*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 2/13/08
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E. O. 12372

## \*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

## Authorized Representative:

Prefix: \_\_\_\_\_ \*First Name: Kim

Middle Name: \_\_\_\_\_

\*Last Name: Hall

Suffix: \_\_\_\_\_

\*Title: Executive Director

\*Telephone Number: (707) 826-6197

Fax Number: (707) 826-6218

\* Email: Director@northcoaststanddown

\*Signature of Authorized Representative: Kim Hall\*Date Signed: 2/13/08

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> 	<b>Applicant Identifier</b> 
<b>5. APPLICANT INFORMATION</b>		<b>3. DATE RECEIVED BY STATE</b> 	<b>State Application Identifier</b> 
<b>4. Federal Identifier</b> 			
<b>5. APPLICANT INFORMATION</b> * Legal Name: The Regents of the University of California Department: Office of Contract & Grant Adm Division: UCLA * Street1: 11000 Kinross Avenue, Suite 102 Street2: * City: Los Angeles County: Los Angeles * State: CA: Californ Province:  * Country: UNITED ST * ZIP / Postal Code: 90095-1406 * Organizational DUNS: 092530369		<div style="border: 2px solid black; padding: 10px; text-align: center;">RECEIVED FEB 13 2008 STATE CLEARING HOUSE</div>	
Person to be contacted on matters involving this application Prefix: * First Name: Middle Name: * Last Name: Suffix: Ms. Kristin Lund * Phone Number: 310-794-0171 Fax Number: 310-794-0631 Email: klund@resadmin.ucla.edu			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 1956006143A1 <b>7. * TYPE OF APPLICANT:</b> H: Public/State Controlled Institution of Higher Education Other (Specify): <input type="checkbox"/> Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Supplemental Funding Proposal for UCLA HEP Theory Graduate Student and Postdoc Support			
<b>12. * AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.) Los Angeles, CA			
<b>13. PROPOSED PROJECT:</b> * Start Date * Ending Date 01/15/2008 01/14/2009		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant b. * Project CA-030 CA-030	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix: * First Name: Middle Name: * Last Name: Suffix: Prof. Zvi Bern Position/Title: Professor of Physics * Organization Name: The Regents of the University of California Department: Physics and Astronomy Division: UCLA * Street1: 475 Portola Plaza Street2: * City: Los Angeles County: Los Angeles * State: CA: Californ Province:  * Country: UNITED ST * ZIP / Postal Code: 90095-1547 * Phone Number: 310-825-8528 Fax Number: 310-206-5668 * Email: born@physics.ucla.edu			

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2**

<b>16. ESTIMATED PROJECT FUNDING</b>	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. * Total Estimated Project Funding <input type="text" value="65,000.00"/>	a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds <input type="text" value="65,000.00"/>	DATE: <input type="text" value="02/13/2008"/>
c. * Estimated Program Income <input type="text" value="0.00"/>	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ \* I agree

\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: Ms.	* First Name: Kristin	Middle Name:	* Last Name: Lund	Suffix:
* Position/Title: Grant Analyst		* Organization: The Regents of the University of California		
Department: Office of Contract & Grant Adm		Division: UCLA		
* Street1: 11000 Kinross Avenue, Suite 102		Street2:		
* City: Los Angeles	County: Los Angeles	* State: CA: Californi		
Province:	* Country: UNITED ST	* ZIP / Postal Code: 90095-1406		
* Phone Number: 310-794-0171	Fax Number: 310-794-0631	* Email: klund@resadmin.ucla.edu		

<b>* Signature of Authorized Representative</b> Completed on submission to Grants.gov	<b>* Date Signed</b> Completed on submission to Grants.gov
--	---

**20. Pre-application**

**21. Attach an additional list of Project Congressional Districts if needed.**

OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

## \* If Revision, select appropriate letter(s):

## \* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

RECEIVED

FEB 14 2008

## 8. APPLICANT INFORMATION:

## \* a. Legal Name:

Santa Cruz Community Credit Union

STATE CLEARING HOUSE

## \* b. Employer/Taxpayer Identification Number (EIN/TIN):

942407726

## \* c. Organizational DUNS:

047587928

## d. Address:

## \* Street1:

324 Front Street

## \* Street2:

## \* City:

Santa Cruz

## \* County:

Santa Cruz

## \* State:

CA

## \* Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

95060

## e. Organizational Unit:

## Department Name:

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

## \* First Name:

Ellen

## Middle Name:

## \* Last Name:

Murtha

## Suffix:

## Title:

Program Manager

## Organizational Affiliation:

## \* Telephone Number:

831-460-2345

## Fax Number:

831-426-6669

## \* Email:

emurtha@scruzccu.org

OMB Number: 4040-0004

Expiration Date: 01/31/2009

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

M

**Type of Applicant 2: Select Applicant Type:**

N

**Type of Applicant 3: Select Applicant Type:****\* Other (specify):****\* 10. Name of Federal Agency:**

Department of Health and Human Services

**11. Catalog of Federal Domestic Assistance Number:**

93.570

**CFDA Title:**

Community Services Block Grant Training and Technical Assistance: Earned Income Tax Credit

**\* 12. Funding Opportunity Number:**

HHS-2008-ACF-OCS-ET-0086

**\* Title:**

Community Services Block Grant Training and Technical Assistance: Earned Income Tax Credit and Other Asset Formation Opportunities

**13. Competition Identification Number:****Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):**

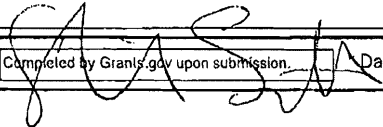
Santa Cruz and Monterey Counties

**\* 15. Descriptive Title of Applicant's Project:**

Financial Literacy, Free Tax Preparation and Asset Building Program for Santa Cruz and Monterey Counties

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant CA-017	* b. Program/Project CA-017, CA-014	
Attach an additional list of Program/Project Congressional Districts if needed. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<b>17. Proposed Project:</b>		
* a. Start Date: 9/1/08	* b. End Date: 4/30/2010	
<b>18. Estimated Funding (\$):</b>		
* a. Federal \$50,000.00		
* b. Applicant \$39,402.50		
* c. State		
* d. Local		
* e. Other \$6,500.00		
* f. Program Income		
* g. TOTAL \$95,902.50		
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 2/14/08		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	* First Name: Sheila	
Middle Name: <div style="border: 1px solid black; width: 200px; height: 20px;"></div>		
* Last Name: Schat		
Suffix: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		
* Title: Director of Community Development and Outreach		
* Telephone Number: 831-460-2342		Fax Number: 831-426-6669
* Email: sheilas@scruzccu.org		
* Signature of Authorized Representative: 		Date Signed: 2/14/08

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Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102



## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

## 2. DATE SUBMITTED

## Applicant Identifier

F. Gibou - Record #20081034

## 3. DATE RECEIVED BY STATE

## State Application Identifier

## 1. TYPE OF SUBMISSION

☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

## 4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 094878394

\* Legal Name: The Regents of the University of California

Department: Office of Research

Division: Sponsored Projects Office

\* Street1: 3227 Cheadle Hall

Street2: University of California

\* City: Santa Barbara

County: Santa Barbara

\* State: CA: Calif

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 93106-2050

RECEIVED

FEB 15 2008

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Ms. Lynne

Van Der Kamp

STATE CLEARING HOUSE

\* Phone Number: (805) 893-5887

Fax Number: (805) 893-2611

Email: van@research.ucsb.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-8006145W

## 7. \* TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Multiscale Investigation and Modeling of Flow Mechanisms Related to CO2 Sequestration in Geologic Formations

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Santa Barbara, CA

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

09/01/2008

08/31/2011

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

CA-023

CA-023

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Prof. Frederic

Gibou

PhD

Position/Title: Assistant Professor

\* Organization Name: University of California, Santa Barbara

Department: Mechanical Engineering

Division:

\* Street1: Engr II Bldg. Rm 2334

Street2: University of California

\* City: Santa Barbara

County: Santa Barbara

\* State: CA: Calif

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 93106-5070

\* Phone Number: (805) 893-7152

Fax Number: (805) 893-8651

\* Email: fgibou@engineering.ucsb.edu

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding

b. \* Total Federal & Non-Federal Funds

c. \* Estimated Program Income

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR  
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix:  \* First Name:  Middle Name:  \* Last Name:  Suffix:

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:

Province:  \* Country:  \* ZIP / Postal Code:

\* Phone Number:  Fax Number:  \* Email:

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**[Delete Attachment](#)[View Attachment](#)**21. Attach an additional list of Project Congressional Districts If needed.**[Delete Attachment](#)[View Attachment](#)

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <b>3. DATE RECEIVED BY STATE</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <b>4. Federal Identifier</b> DE-FG02-91ER40882 (Supplement)	
<b>5. APPLICANT INFORMATION</b> * Legal Name: The Regents of the University of California Department: Office of Contract & Grant Adm Division: UCLA * Street1: 11000 Kinross Avenue, Suite 102 Street2: * City: Los Angeles County: Los Angeles * State: CA: California Province: Country: UNITED STATES * ZIP / Postal Code: 90095-1406		<div style="border: 2px solid black; padding: 5px; display: inline-block;"><b>RECEIVED</b> FEB 15 2008 STATE CLEARING HOUSE</div>	
<b>Person to be contacted on matters involving this application</b> Prefix: * First Name: Middle Name: * Last Name: Suffix: Ms. Kristin Lund * Phone Number: 310-794-0171 Fax Number: 310-943-1656 Email: doe@resadmin.ucla.edu			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 958006143		<b>7. * TYPE OF APPLICANT:</b> H: Public/State Controlled Institution of Higher Education Other (Specify): <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
<b>8. * TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Experimental and Theoretical High Energy Physics Research at UCLA - Task C			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Los Angeles, CA			
<b>13. PROPOSED PROJECT:</b> * Start Date * Ending Date 01/15/2008 01/14/2009		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant b. * Project CA-030 CA-030	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix: * First Name: Middle Name: * Last Name: Suffix: Prof. Zvi Bern Position/Title: Professor of Physics * Organization Name: The Regents of the University of California Department: Physics and Astronomy Division: UCLA * Street1: 475 Portola Plaza Street2: * City: Los Angeles County: Los Angeles * State: CA: California Province: Country: UNITED STATES * ZIP / Postal Code: 90095-1547 * Phone Number: 310-825-8528 Fax Number: 310-206-5668 Email: bern@physics.ucla.edu			

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

<b>16. ESTIMATED PROJECT FUNDING</b>  a. * Total Estimated Project Funding <input style="width: 150px;" type="text" value="65,000.00"/> b. * Total Federal & Non-Federal Funds <input style="width: 150px;" type="text" value="65,000.00"/> c. * Estimated Program Income <input style="width: 150px;" type="text" value="0.00"/>	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width: 100px;" type="text" value="02/14/2008"/>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	--

**18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

<b>19. Authorized Representative</b>				
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Kristin		Lund	
* Position/Title: <input style="width: 150px;" type="text" value="Grant Analyst"/>		* Organization: <input style="width: 250px;" type="text" value="The Regents of the University of California"/>		
Department: <input style="width: 150px;" type="text" value="Office of Contract &amp; Grant Adm"/>		Division: <input style="width: 150px;" type="text" value="UCLA"/>		
* Street1: <input style="width: 150px;" type="text" value="11000 Kinross Avenue, Suite 102"/>		Street2: <input style="width: 150px;" type="text"/>		
* City: <input style="width: 100px;" type="text" value="Los Angeles"/>		County: <input style="width: 100px;" type="text" value="Los Angeles"/>	* State: <input style="width: 50px;" type="text" value="CA; Californ"/>	
Province: <input style="width: 100px;" type="text"/>		* Country: <input style="width: 50px;" type="text" value="UNITED ST"/>	* ZIP / Postal Code: <input style="width: 80px;" type="text" value="90095-1408"/>	
* Phone Number: <input style="width: 100px;" type="text" value="310-794-0171"/>		Fax Number: <input style="width: 100px;" type="text" value="310-943-1656"/>	* Email: <input style="width: 150px;" type="text" value="klund@research.ucla.edu"/>	
* Signature of Authorized Representative Completed on submission to Grants.gov			* Date Signed Completed on submission to Grants.gov	

<b>20. Pre-application</b> <input style="width: 150px;" type="text"/>	<input type="button" value="Add Attachment"/>
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<b>21. Attach an additional list of Project Congressional Districts if needed.</b>	
<input style="width: 150px;" type="text"/>	<input type="button" value="Add Attachment"/>

OMB Number: 4040-0001  
Expiration Date: 04/30/2008

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: CALIFORNIA/NEVADA COMMUNITY ACTION PARTNERSHIP

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-2392452

\* c. Organizational DUNS:

032139768

d. Address:

\* Street1: 225 30TH STREET, SUITE 200

Street2:

\* City: SACRAMENTO

County:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 95816

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

\* First Name:

TIM

Middle Name:

F.

\* Last Name:

REESE

Suffix:

Title: EXECUTIVE DIRECTOR

Organizational Affiliation:

\* Telephone Number: 916.443.1721

Fax Number: 916.325.2549

\* Email: TREESE@CAL-NEVA.ORG



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

NOT FOR PROFIT 501(C)4

\* 10. Name of Federal Agency:

Administration for Children and Families

11. Catalog of Federal Domestic Assistance Number:

93.570

CFDA Title:

Community Services Block Grant\_Discretionary Awards

\* 12. Funding Opportunity Number:

HHS-2008-ACF-OCS-ET-0086

\* Title:

Community Services Block Grant (CSBG) Training and Technical Assistance (T/TA) Program: Earned Income Tax Credit (EITC) and Other Asset Formation Opportunities

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

STATE OF CALIFORNIA

\* 15. Descriptive Title of Applicant's Project:

CASH (cOMMUNITY ACTION SHARING HOPE) EITC/ASSET BUILDING STATEWIDE CAMPAIGN - AKA. CASH CAMPAIGN

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-ALL

\* b. Program/Project CA-ALL

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date: 09/29/2008

\* b. End Date: 09/28/2009

18. Estimated Funding (\$):

* a. Federal	50,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	50,000.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr.  \* First Name: TIM   
Middle Name: F.   
\* Last Name: REESE   
Suffix:

\* Title: EXECUTIVE DIRECTOR

\* Telephone Number: 916.443.1721  Fax Number: 916.325.2549

\* Email: TREESE@CAL-NEVA.ORG

\* Signature of Authorized Representative:  \* Date Signed: